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Fill in this information to identify the case:

Debtor1 Randall Turner

Debtor 2 Justy L Brobst-Turner (Spouse, if filing) aka Justy Berry

aka Justy Brobst

United States Bankruptcy Court for the: District of NEW JERSEY

Case number 13-19739-ABA

Form 4100R

kesp	onse to N	otice						10/1	•
ccording	g to Bankruptcy	Rule 3002.1(g), the creditor	responds to the	e trustee's notice of f	final cure payment	t.		
Part 1	Mortgage In	formation							
Name of creditor: OCWEN LOAN SERVICING, LLC							Court claim no. (if known):		
Last 4	digits of any nu	mber you use	to identify the de	ebtor's account:	0120			<u>8-1</u>	
Proper	ty address:	157 Pinyard Number	d Rd Street						
		Monroeville City	e, NJ 08343	State	ZIP Code				
Part 2	Prepetition	Default Paym	ients						
□ Part 3	•	r's claim. Cre se is:	` '	•	amount required to continuation amount rema			\$	
					petition payments co		322(b)(5)		
			nent from the de		,				
•					tpetition payments coses, escrow, and cos		322 (b)(5)		
	Creditor asser	ts that the to	tal amount rema	aining unpaid a	s of the date of this i	response is:			
	a. Total postpo	etition ongoir	ng payments du	ıe:				(a) \$37,620.31	
	b. Total fees, o	charges, expe	enses, escrow a	ınd costs outsta	anding:			(b) \$0.00	
	c. Total. Add li	nes a and b.						(c) \$37,620.31	
			tor(s) are contrac payment(s) that		10/01/20 1 MM/ DD/				

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Debtor 1	Randall Tur	ner	Case number (if known)	13-19739-ABA	

Part 4 Itemized Payment History

If the creditor disagrees in Part 2 that the prepetition arrearage has been paid in full or states in Part 3 that the debtor(s) are not current with all postpetition payments, including all fees, charges expenses, escrow, and costs, the creditor must attach an itemized payment history disclosing the following amounts from the date of the bankruptcy filing through the date of this response:

- all payments received;
- all fees, costs, escrow, and expenses assessed to the mortgage; and
- all amounts the creditor contends remain unpaid

Part 5

Sign Here

The person completing this response must sign it. The response must be filed as a supplement to the creditor's proof of claim

Check the appropriate box:

- □ I am the creditor.
- I am the creditor's authorized agent.

I declare under penalty of perjury that the information provided in this response is true and correct to the best of my knowledge, information, and reasonable belief.

Sign and print your name and your title, if any, and state your address and telephone number if different from the notice address listed on the proof of claim to which this response applies.

X Patrick O. Lacsina Date August 30, 2016

Signature

Print Patrick O. Lacsina Title ATTORNEY

First Name Middle Name Last Name

Company RAS Citron, LLC

If different from the notice address listed on the proof of claim to which this response applies:

Address 130 CLINTON ROAD, SUITE 202

Number Stree

FAIRFIELD, NJ 07004

City State ZIP Code

Contact 973-575-0707 Email placsina@rasnj.com